**JOB EVALUATION APPEAL REQUEST FORM**

FOR FULL-TIME ADMINISTRATION NON-BARGAINING UNIT POSITIONS

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| **APPEAL FOR – JOB INFORMATION** | |
| Evaluated Position Title: | Evaluated Band: |
| Assign Job Code: | Complement Number: |
| Department: | Division: |
| Location/Campus: | Job Family / Sub-Family: |
| Immediate Supervisor Job Title: | Immediate Supervisor Name: |
| Divisional Leader Job Title: | Divisional Leader Name: |
| Date Evaluated: | HR Manager Name Shown on ***Evaluation Summary Sheet:*** |

***Provide your reasons for requesting an appeal:***

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| Date of Appeal Submission | Date of Appeal Receipt by HROE |

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|  |  |
| Submitting Manager Name (Print) | Submitting Manager Signature |

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| HR Manager Name (Print) | HR Manager Signature |